



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
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WEB SITE: www.wsgc.wa.gov

## **PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)**

### **REDUCE PROCESSING DELAYS**

- Do you have the correct application? If your business activities are, or will, extend beyond the limited service functions, and gross income ceiling discussed in WAC 230-02-208 and 230-04-133(4) (attached) you may be a *Service Supplier* and need form GC4-026. Also see WAC 230-04-119 for information about *Service Suppliers*.
- If more room is needed, use additional sheets of paper and attach them to this application. Be sure that any added and required documentation is securely attached.
- Sign and date the application and make your check payable to the **Washington State Gambling Commission**.

### **FEES**

Per WAC 230-04-203(5), the initial application fee (see attached fee schedule – GC5-055k FS) for a Punch Board / Pull-Tab Service Business permit is for the business and up to two (2) associates. An associate is an individual that is directly involved in providing record services. Persons who do not directly prepare records, such as security, pick-up and delivery, or general office duties, are not considered associates. The fee for each associate, above the initial two (2), is listed on the attached fee schedule (GC5-055k FS). If the business has more than two individuals directly involved in providing record services, these persons must register as an associate.

**NOTE:** The fees discussed above may not cover all investigative and inspection costs incurred by the Commission during your application period. The Commission has the authority to assess amounts to recover these added licensing costs.

### **FEE ENCLOSED**

#### **Example is a Business with 4 Associates using June 30, 2003 fees:**

Fee for Business and two (2)  
Associates: \$ 217.00  
Additional Associates: 2 X \$136.00 = \$ 272.00  
# of Associates Per  
Above 2 Associate Fee  
**TOTAL FEE ENCLOSED: \$ 489.00**

#### **Assessed Fee: (See attached fee schedule for current fees)**

Fee for Business and two (2)  
Associates: \$ \_\_\_\_\_

Additional Associates: \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# of Associates Per  
Above 2 Associate Fee

**TOTAL FEE ENCLOSED: \$ \_\_\_\_\_**

### **APPLICANT AND ASSOCIATE INFORMATION**

**A. APPLICANT:** \_\_\_\_\_  
Use Full Name, Corporate or Partnership

1. Trade name: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

E-Mail Address (If Applicable): \_\_\_\_\_

( \_\_\_\_\_ ) - \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_  
Telephone Fax Cell Phone (Optional)

3. City Limits: ☐ Inside ☐ Outside Uniform Bus. Identifying (UBI) No.: \_\_\_\_\_

4. Out-of-state office? Provide address and phone numbers on a separate sheet of paper.

Val#: \_\_\_\_\_  
211-  
AGENCY USE ONLY  
Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_

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**APPLICANT AND ASSOCIATE INFORMATION** (Continued)

**B. ASSOCIATE(S):** (An attached *Personal / Criminal History Statement* (BLS-700-301) is required from each associate.)

1. Full Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip County

E-Mail Address (If Applicable): \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Fax Cell Phone (Optional)

2. Full Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip County

E-Mail Address (If Applicable): \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Fax Cell Phone (Optional)

**ADDITIONAL ASSOCIATES?** Using the above format, list all additional associates on a blank sheet of paper and attach to this application. Include the fee for each additional associate listed (see attached fee schedule – GC5-055k FS). See WAC 230-04-203(5).

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**SERVICE(S) PROVIDED**

**A.** In the area below, provide a complete description of the direct service(s) you will provide your client(s). Use attached WAC 230-02-208 and 230-02-205 as a guide.

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**B.** How many associates are or will be providing these direct services? \_\_\_\_\_

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**BUSINESS INFORMATION**

**A.** Check one and complete the section that applies to your business.

☐ **Sole Proprietor**

Owner's Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

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**BUSINESS INFORMATION** (Continued)☐ **Partnership / LLC**

- Partner's Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number
- Associate's Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number
- Associate's Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

☐ **Corporation**

- President's Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number
- Sec / Treasurer: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number
- Chairman of the Board: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number  
Name of Spouse: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

**B.** What was the gross revenue of your PB/PT services business for the past calendar year? \$ \_\_\_\_\_

**NOTE:** *If at any point you exceed, or will exceed, \$20,000.00 in gross revenue during your permit period, you must notify the commission and apply for a Service Supplier license as prescribed in WAC 230-04-119.*

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**DOCUMENTATION REQUIRED**

Mark ☒ each area for which material will be submitted. If an area does not apply, write N/A.

- ☐ 1. A *Personal / Criminal History Statement* (BLS-700-301) and a clear copy of one the following official documents: a valid driver's license; a military identification card; a valid passport; or an alien registration card for each of the following persons:
- a. Sole owner and spouse; or
  - b. Each partner and spouse of a partner, and
  - c. Each associate and spouse.
  - d. If a corporation:
    - 1) All corporate officers and their spouses,
    - 2) All members of the board and their spouses,
    - 3) All substantial interest holders (see WAC 230-02-300) and their spouses.

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**DOCUMENTATION REQUIRED** (Continued)

- ☐ 2. On a separate sheet of paper, using the format below, list all other gaming or gambling related businesses, in any licensing jurisdiction / state or tribal government in which any financial or ownership interest is held by any of the following people: you (the applicant); your associates; your partners; your corporate officers; director; and the spouses of these people.

Full Name: \_\_\_\_\_  
Last, First, Middle Date of Birth Social Security Number

Home Address: \_\_\_\_\_  
City State Zip County

E-Mail Address (If Applicable): \_\_\_\_\_  
( ) - ( ) - ( )  
Telephone Fax Cell Phone (Optional)

Name of person who has the interest: \_\_\_\_\_

Details of interest held: \_\_\_\_\_

**Attach additional sheets of paper if necessary.**

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**\*\* IMPORTANT REMINDERS \*\***

- Be sure to answer each question or write N/A for not applicable.
- Be sure you have attached a copy of all required documents and descriptions.
- A complete application is one that is signed, includes all required attachments, and has the full correct fee paid. An incomplete application may cause significant delays and could result in the administrative closure or denial of your application.
- You must notify the Gambling Commission within 30 days of any changes that may alter any of the information provided on this application during the application period and throughout your permit period.
- Read WAC 230-04-133(4) through (6). These sections discuss keeping your permit valid and active.
- The permit is valid for one year. Prior to its expiration, the Gambling Commission will send you a permit renewal notice. This notice must be completed and returned or your permit will automatically lapse.
- After submitting this application, and during the permit period, all associates who enter the business must be reported to the Gambling Commission. New associates must pay the required Additional Associates fee (see attached fee schedule – GC5-055k FS), and must provide a *Personal \ Criminal History Statement* (BLS-700-301).

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**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the unlikely event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

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## OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of my initial application or revocation of any gambling license(s) currently held.** I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate and / or if any criminal or civil actions be filed against me during the application or licensure period. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. See WACs 230-04-022, 230-12-305, and 230-12-310. (Note: If a corporation, the highest elected officer must sign. If a partnership, all partners must sign. Use an additional sheet of paper if necessary.)

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Sole Proprietor / Highest Ranking Official / Managing Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner

➔ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner